

1 Martha G. Bronitsky  
2 Chapter 13 Standing Trustee  
3 6140 Stoneridge Mall Rd #250  
Pleasanton, CA 94588-4588  
(925) 621-1900

4 Trustee for Debtor(s)

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF CALIFORNIA  
OAKLAND DIVISION

6 In re  
7 Jon Samuel Roberts

Chapter 13 Case No. 10-47723-RLE13

8  
9  
**OBJECTION TO CLAIM #2 AND  
NOTICE THEREOF WITH  
CERTIFICATE OF SERVICE**

10 debtor(s)  
**OBJECTION TO CLAIM**

11 I, Martha G. Bronitsky, Chapter 13 Standing Trustee, hereby object to the claim of:

12 Wells Fargo Bank  
Attn: Officer Christine Fowler  
Po Box 31557 Mac B6955-01B  
Billings, MT 59107  
(Creditor)

13  
14  
15 Trustee has received a notice for claim #2 stating Account is now closed. Said notice is attached to  
16 this objection. Creditor is entitled to keep any funds already received and this claim is disallowed  
17 upon entry of order granting this objection.

18  
**NOTICE**

19 NOTICE IS HEREBY GIVEN

20 (i) That local rule 9014-1 of the United States Bankruptcy Court for the Northern District of  
21 California prescribes the procedures to be followed and that any objection to the requested relief,  
22 or a request for hearing on the matter must be filed and served upon initiating party within 28 days  
23 of mailing of the notice;

24 (ii) That a request for a hearing or objection must be accompanied by any declarations or  
memoranda of law the party objecting or requesting wishes to present in support of its position,

25 (iii) That if there is not a timely objection to the requested relief or a request for hearing, the court  
26 may enter an order granting the relief by default; and

1 (iv) Either: (a) That the initiating party will give at least 10 days written notice of hearing to the  
2 objecting or requesting party, and to any trustee or committee appointed in the case, in the event  
3 any objection or request for hearing is timely made; or (b) The tentative hearing date.

4 /s/ Martha G. Bronitsky  
5 Signature of Martha G. Bronitsky  
6 Chapter 13 Standing Trustee

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7 CERTIFICATE OF SERVICE

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8 I HEREBY CERTIFY that I have served a copy of this document with attachments by depositing it  
9 in the United States mail with first class postage in a sealed envelope addressed to the  
aforementioned claimant, debtor and counsel for debtor.

10 I declare under penalty of perjury under the laws of the State of California that the foregoing is  
true and correct.

11 Jon Samuel Roberts  
12 326 Eastridge Dr  
13 San Ramon, CA 94582

Patrick L Forte Atty  
1 Kaiser Plaza #480  
Oakland, CA 94612

14 (Debtor(s))

(Counsel for Debtor)

15 Also notify:

16 Wells Fargo Bank  
Attn: Managing Agent  
17 1 Home Campus Mac X2303-01A  
Des Moines, IN 50328-0000

WELLS FARGO BANK, NATIONAL  
ASSOCIATION  
Attn: Officer  
2710 GATEWAY OAKS DR STE 150N  
SACRAMENTO CA 95833

19 Wells Fargo Bank  
Attn: Managing Agent  
P.O. Box 54180  
20 Los Angeles, CA 90054-0000

23 I HEREBY CERTIFY that I have served a copy of this document with attachments by depositing it  
in the United States mail with certified mail postage in a sealed envelope addressed to the  
24 aforementioned address.

25 I declare under penalty of perjury under the laws of the State of California that the foregoing is  
true and correct.

1 WELLS FARGO BANK, NATIONAL  
2 ASSOCIATION  
3 Attn: Officer  
4 101 N PHILLIPS AVENUE  
5 SIOUX FALLS SD 57104

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7 Date: March 03, 2015  
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/s/ Bayron Balcarcel  
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Bayron Balcarcel

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF CALIFORNIA		PROOF OF CLAIM		
Name of Debtor: JON S ROBERTS	Case Number: 1047723			
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.				
Name of Creditor (the person or other entity to whom the debtor owes money or property): Wells Fargo Bank, N.A.	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.			
Name and address where notices should be sent: Wells Fargo Bank, N.A. Home Equity Group X2303-01A - 1 Home Campus Des Moines, IA 50328-0001	Court Claim Number: _____ <i>(If known)</i>			
Telephone number: 1-800-241-0039	Filed on: _____			
Name and address where payment should be sent (if different from above): Wells Fargo Operations Center P.O. Box 31557 MAC B6955-01B Billings, MT 59107 Telephone number: 1-800-241-0039	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.			
<b>1. Amount of Claim as of Date Case Filed:</b> \$104,756.41	<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.			
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.	<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a).</b> If any portion of your claim falls in one of the following categories, check the box and state the amount.			
If all or part of your claim is entitled to priority, complete item 5.	Specify the priority of the claim.			
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.	<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).			
<b>2. Basis for Claim: Money Loaned</b> <i>(See instruction #2 on reverse side.)</i>	<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(4).			
<b>3. Last four digits of any number by which creditor identifies debtor:</b> 172205939 WFCHEQ1047723CAN14749300	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).			
<b>3a. Debtor may have scheduled account as:</b> _____ <i>(See instruction #3a on reverse side.)</i>	<input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(7).			
<b>4. Secured Claim</b> <i>(See instruction #4 on reverse side.)</i> Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.	<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8).			
<b>Nature of property or right of setoff:</b> <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: 236 CANYON WOODS WAY UNIT F SAN RAMON, CA 94583	<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a)(__).			
<b>Value of Property:</b> \$315,000.00 (estimated) <b>Annual Interest Rate 8.451%</b>	<b>Amount entitled to priority:</b> \$ _____			
<b>Amount of arrearage and other charges as of time case filed included in secured claim,</b> if any: \$9,805.84 <b>Basis for perfection:</b> Mortgage/Deed of Trust	<i>*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>			
<b>Amount of Secured Claim:</b> \$104,756.41 * <b>Amount Unsecured:</b> \$ 0				
<b>6. Credits:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim.				
<b>7. Documents:</b> Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. <i>(See instruction 7 and definition of "redacted" on reverse side.)</i>				
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.				
If the documents are not available, please explain:				
Date: 08/02/2010	<b>Signature:</b> The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. /s/ Christine Fowler Bankruptcy Representative			FOR COURT USE ONLY

*Penalty for presenting fraudulent claim:* Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



Loan Servicing Center  
2324 Overland Ave  
Billings, MT 59102  
[wellsfargo.com](http://wellsfargo.com)

May 12, 2014

Martha G Bronitsky, Chapter 13 Trustee  
PO Box 9077  
Pleasanton CA 94566

RE: Account Number ending in XXXXXX93000001

Dear Martha G Bronitsky, Chapter 13 Trustee:

Wells Fargo is unable to process the enclosed payment as the account is now closed.

If you have any questions or if we can be of further assistance please contact us at 1-800-361-9985. Please note our hours of operation are Monday through Thursday 7:00 a.m. to 9:00 p.m., Friday 7:00 a.m. to 5:00 p.m., and Saturday 7:00 a.m. to 4:30 p.m. CST. For TDD assistance call 1-866-289-2069.

Sincerely,

Wells Fargo Bank, N.A.



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